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SCHEDULE B (FEC Form 3X)	Hee concr	ato cohodulo(c)	FOR LINE N	
TEMIZED DISBURSEMENTS	for each ca	ate schedule(s) ategory of the ummary Page	(check only 21b 28a	one) 22
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)		, ,		
Alzheimers Impact Movement Politi	ical Actio	n Committe	ee	
Full Name (Last, First, Middle Initial) A. RELY ON YOUR BELIEFS FUND				Date of Disbursement
Mailing Address 1 Constitution Ave NE, Ste 300				07 27 2017
Washington	State DC	Zip Code 20002-5618		FEC Identification Number
Purpose of Disbursement Contribution to Committee				C C00344648 Transaction ID : BA628921222
Candidate Name RELY ON YOUR BELIEFS FUND			Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 20 Primary Other (specif	General		5000.00
State: District:	` '	Other		Memo Item
Full Name (Last, First, Middle Initial) 3.				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y Y
	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name Category/ Type				Amount of Each Disbursement this Period
Senate	pursement For: Primary General Other (specify)			
State: District:	(0)	,,		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name Category/ Type				Amount of Each Disbursement this Period
Senate	ursement For: ☐ Primary ☐ General ☐ Other (specify) ▼			
State: District:	Onler (Specif	y) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				5000.00 8500.00